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FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Dos Moines, Iowa 50319 Fax: 515-281-4073

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, at 100019 4118:1.5 statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Mike Wolf FORM DR-2 IMPORTANT: Indicate by # type of committee you are reporting for: DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (Rev. 12/2009) REPORT For Office Use Only 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Scanned Michael L. Wolf Republican Computer Office Sought District (if Senate or House) Audited Clinton County Attorney Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filling timely and accurate reports. 515-370-1307 October 19, 2010 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED October 19, 2010 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1 (report date) ☐CHECK IF AMENDMENT TO REPORT DATED \_ Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end \$1.895.22 of the last reporting period or must be zero if this is first report filed.) .....\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... \$100.00 Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) \$1,995,22 \$UB-TOTAL.....\$

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... -0-Schedule F: Loan Repayments total (Attach Schedule F) \$1,995.22 CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ -0-\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ \$155.28 \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ \$11,416.25 CONSULTANT BREAKDOWN (Schedule G Attached?) YES \_x NO **CANDIDATE COMMITTEES ONLY:** -0-VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

For Instructions, See Back of Form		SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	And an in a change of	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Committee to Elect Mike Wolf			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
09-28-2010	ID# CK# 1434	Clinton County Republicans Women Club Clinton, Iowa 52732	N/A	\$ 100	
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			SUB-TOTAL	\$ 100	
		TOTAL (If last page	o of this schodule)	100	1

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUC	CTIONS, SEE BACK OF FORM			SCHEDULE	
COMMITTEE	ENAME (Must be same as on Statement of Or mittee to Elect Mike Wolf	genization)		E	IN-KIND CONTRIBUTIONS
			More than the	AMENDI	THIS BOX IF NG FORM
DATE RECEIVED (MW/DD/YR)	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
09-29-2010	OF CONTRIBUTOR  Clinton County Republican  Central Committee  Clinton, Iowa 53732.	* (if applicable)	Gift in kind for ad in Herald	\$ \$155.28	CONTRIBUTION
			SUB-TOTAL	\$ 155.28	
			TOTAL (If last page of this schedule)	\$ 155.28	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

DTE: This schedule reports money loaned to the committee which is deposited in the committee account.  \$11,416.25  AMENDING FC  AMOUNT OF LOA  AMOUNT OF LOA  AMOUNT OF LOA  CANDIDATE (If Applicable)  AMOUNT OF LOA  CANDIDATE (If Applicable)  AMOUNT REPAID  CANDIDATE (If Applicable)  AMOUNT REPAID  (Include Endorser's Name, If Applicable)  CANDIDATE (If Applicable)  AMOUNT REPAID  (Include Endorser's Name, If Applicable)  CANDIDATE (If Applicable)  AMOUNT REPAID  (Include Endorser's Name, If Applicable)  CANDIDATE (If Applicable)  S  AMOUNT REPAID  AMOUNT REPAID	Committee to El	t be same as on Statement of Organization) ect Mike Wolf			F (Rev. 02/08)	LOANS RECEIVEI & REPAID
DATE RECEIVED (Include Endorser's Name, If Applicable)  RECIVED (MM/DD/YR)  RECIVED (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE (If Applicable*)  S  TOTAL (PART I)  **TOTAL (PART I)  **TOTAL (PART II)  **TOTAL (PART I				count,	CHECK 1	HIS BOX
RECEIVED (Include Endorser's Name, If Applicable)  AMOUNT OF LOA  AMOUNT OF LOA  CANDIDATE (If Applicable*)  TOTAL (PART I)  STOTAL (PART I)  LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E – In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER (MM/DD/YR)  NAME AND ADDRESS OF LENDER (MM/DD/YR)  NAME AND ADDRESS OF LENDER (MM/DD/YR)  CANDIDATE* (If Applicable)  AMOUNT OF LOA  AMOUNT OF LOA  AMOUNT OF LOA  AMOUNT OF LOA  CANDIDATE* (If Applicable)	RT I - MONETARY LO (Original source	ANS RECEIVED <u>THIS REPORTING PERIOD</u> of loan, such as a bank, must be shown if a third party is	involved. Include	loans from candlo	iate's personal fu	ınds.)
TOTAL (PART I)  \$  ART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E – In-kind Contributions.)  DATE PAID (MM/DD/YR)  (Include Endorses's Name, if Applicable)  RELATIONSHIP TO CANDIDATE" (If Applicable)	RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA	TIONSHIP TO TE (If Applicable*	AMOUNT O	FLOAN
ART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER  (MM/DD/YR)  (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)					Ś	
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RT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD  (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER  (MM/DD/YR)  RELATIONSHIP TO  CANDIDATE* (If Applicable)						
ART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD  (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER  (MM/DDAYR)  RELATIONSHIP TO  AMOUNT REPAID  (MM/DDAYR)  AMOUNT REPAID					1	
(MM/DD/YR) (Include Endorser's Name, if Applicable) CANDIDATE* (If Applicable)			TOTAL /B	ACT	<u> </u>	
	RT II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE THIS REPORTING PERIO n must be reported on Schedule E – In-kind Contributions	•	ART I)	\$	
	DATE PAID	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	D h.) RELA	TIONSHIP TO	I AMQUINT R	EPAID
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1	DATE PAID	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	D h.) RELA	TIONSHIP TO	AMOUNTR	EPAID
TOTAL CASH REPAYMENTS (PART II) \$ -0-	DATE PAID	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	D h.) RELA	TIONSHIP TO	AMOUNTR	EPAID
From Schedule E TOTAL LOANS FORGIVEN \$ -0-	DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA	TIONSHIP TO TE* (If Applicable)	AMOUNT R	EPAID
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